

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1775AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2009
NAME OF PROVIDER OR SUPPLIER ATRIA SUNLAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH FORTAPACHE ROAD LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 12/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 122 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 99. Twenty resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Surveyor: 27364 Based on record review on 12/15/09, the facility failed to ensure 1 of 15 employees complied with NAC 441A.375 regarding obtaining a pre-employment physical (Employee #14). Severity: 2 Scope: 3	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 12/15/09, the facility failed to ensure 2 of 15 employees had current, at least once every 5 years, criminal history background checks completed. Employee #13 was missing a State and FBI background check. Employee #14 had a rejected State background check and an undecided FBI background check both dated 3/1/06. Severity: 2 Scope: 1	Y 105			
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10	Y 255			

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Y 444	Continued From page 3 tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 12/15/09, the facility failed to ensure smoke detectors were tested 7 out of the past 12 months. (April, May, June, July, August, September and November of 2009). Severity: 1 Scope: 3	Y 444			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 12/15/09, the facility failed to ensure 4 of 15 residents received medications as prescribed (Resident #3, #13, #18 and #19).	Y 878			

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Y 878	<p>Continued From page 4</p> <p>Findings include:</p> <p>Resident #3 was prescribed: *Namenda 5 milligrams (mg) one tablet twice a day at 8:00 AM and 5:00 PM. The resident missed one 8:00 AM dose on 11/27/09. The medication technician noted on the back of the medication administration record (MAR) waiting on delivery.</p> <p>Resident #13 was prescribed: *Colace 100 mg one tablet twice a day at 8:00 AM and 5:00 PM. The resident missed one 5:00 PM dose on 12/4/09. The medication technician noted on the MAR still awaiting medications. *Calcium with Vitamin D one tablet three times a day at 8:00 AM, 12:00 PM, and 5:00 PM. The resident missed one 5:00 PM dose. The medication technician noted on the MAR still awaiting medications.</p> <p>Resident #18 was prescribed: *Hydralazine 25 mg one tablet every 6 hours. The medication bottle documented Hydralazine 25 mg one tablet every 6 hours as needed. The facility administered the medication as needed, a prescription located in the resident's chart documented the resident was to get the medication every six hours.</p> <p>Resident #19 was prescribed: *Aricept 10 mg one tablet every night at 5:00 PM. The resident missed one dose on 11/19/09, the form faxed to the doctor documented the resident was out of the medication. *Hydralazine 50 mg one tablet at 5:00 PM. The resident missed one dose on 11/19/09, the form faxed to the doctor documented the resident was out of the medication. *Lipitor 10 mg one tablet every night at 8:00 PM.</p>	Y 878		

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Y 878	Continued From page 5 The resident missed two doses of medication on 11/2/09 and 11/3/09. The medication technician documented on the MAR not given waiting for authorization. *Lopressor 50 mg one tablet twice a day at 8:00 AM and 5:00PM. The resident missed one 5:00 PM dose on 11/19/09, the form faxed to the doctor documented the resident was out of the medication. *Lisinopril 20 mg one tablet twice a day at 8:00 AM and 5:00 PM. The resident missed two 8:00 AM doses on 10/7/09 and 10/8/09, and one 5:00 PM dose on 10/7/09. The doses were initialed and circled on the MAR. Interview with Employee #16 revealed the resident ran out of refills for the medication. The medication was delivered on 10/8/09. Severity: 2 Scope: 1	Y 878			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 27364	Y 936			

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Y 936	<p>Continued From page 6</p> <p>Based on record review on 12/15/09, the facility failed to ensure 3 of 20 residents complied with NAC 441A.380 regarding tuberculosis (Resident #9, #9 and #15) which affected all residents.</p> <p>This was a repeat deficiency from the 12/3/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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